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**Art Unit:** 2811

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**From :** Winston Hsu, Registration No. 41,526

**Serial No.:** 10/708,705

**Attorney Docket No.:** ALIP0042USA

**Subject:** Response to the Office Action mailed on 05/17/2005

**Total Pages:** 11 pages (including cover page)

**Winston Hsu 07/06/2005**

**ALIP0042USA0\_A2\_2**

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031  
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- |                                   |         |
|-----------------------------------|---------|
| (1) Transmittal Form              | 1 PAGE  |
| (2) Fee Transmittal               | 1 PAGE  |
| (3) Response to the Office Action | 1 PAGES |

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PTO/SB/21 (09-04)

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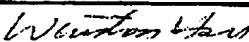
Application Number	10/708,705
Filing Date	03/19/2004
First Named Inventor	Yu-Ling Chiu
Art Unit	2811
Examiner Name	OWENS, DOUGLAS W

Attorney Docket Number ALIP0042USA

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s).  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	07/06/2005	Reg. No.	41,526

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name		Date

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **0.00****Complete If Known**

Application Number	10/708,705
Filing Date	03/19/2004
First Named Inventor	Yu-Ling Chiu
Examiner Name	OWENS, DOUGLAS W
Art Unit	2811
Attorney Docket No.	ALIP0042USA

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number: **50-3105** Deposit Account Name: North America Intellectual Property Corp.

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- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments
- under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

SUBMITTED BY			
Signature	<i>Winston Hsu</i>	Registration No. 41,526 (Attorney/Agent)	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu		Date 07/06/2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**WIRE BONDING PACKAGE**

Appl. No. : 10/708,705 Confirmation No. 2704  
Applicant : Yu-Ling Chiu,  
              Chun-Ming Chen,  
              Wei-Chou Hung  
Filed : March 19, 2004  
TC/A.U. : 2811  
Examiner : Douglas W. Owens  
Docket No. : ALIP0042USA  
Customer No. : 27765

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

**AMENDMENT**

Sir:

- 5 In response to the Office action of May 17, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.